

**State of Ohio
MACSIS System Implementation
Project and Operations Planning Meeting
March 4, 2004**

MINUTES

Present: L. Daniele, K. Cluggish, J. Hughes, J. Raab, J. Martin, B. Cluggish, J. Wiant, L. Xin, D. Day, M. Bohlmann

Call In: K. Taylor, R. Yeley, A. Gray, L. Clay, P. Quinn, J. Mausser, B. Tobin, Y. Quinn, D. Dunn, G. Hall, D. Staysniak, D. Vargas, S. Kirschner, T. Chambers, J. Dillon, J. McIntosh, B. Miller, H. Thomas, S. Baker, C. Fratalone, T. Becker, B. Taylor, C. Muth, J. Sager, K. Schwarz, D. Strawser, S. McCants, G. Vincent, D. Underwood, M. Bibb-Truss, J. McCluggage

Topics Discussed:

HIPAA

Mostly under control except that we need to tighten security around closing accounts

835 Update: New format on Monday, 3/8.

The claim's "negative net offset" amount will be added to the Claims Adjustment (CAS) segment. The offset amount is the difference between the Allowed and Net Amount that is not accounted for in the Not Cov, Copay, OthCar, Withhold, and Deduct fields.

The "Health Care" segment (SVC02) was modified to reflect the change in ODADAS taxonomy for A0780 and H0009. A0780, Urine Dip Screening is no longer consider Health Care and will have a "ZZ" code in SVC02. H0009, Acute Detox Hospital, is Health Care and will have a "HC" code in SVC02.

Some calculated values in the CAS segment were occurring in Scientific (exponential) notation, these values are all close to zero (example: -7.1234E-15, which is equal to 0.0000000000000071234). I will be converting these values to 0.

User Group Updates

▪ Members

Boards need to remember that the Support Desk is no longer enrolling clients in mhprod and the automatic weekly movement of clients from mhipaa to mhprod has been discontinued. Boards are now responsible for all enrollments in both environments. All new enrollments must be done in MHHIPAA. If the client has a start date prior to 7/1/2003 they must be enrolled in MHHIPAA first and then enrolled in MHPROD using the same UCI number they have in MHHIPAA.

Some member records have characters other than the letter E in the eligibility status field. This causes claims to go on hold, since the only valid value is the letter E. Member nightly maintenance will be altered to convert any illegal value to the letter E in the most recent span. Boards should check their member extracts for previous spans that contain illegal values so that they can be corrected.

Over the next few weeks, intensive testing of all member processes will occur for Diamond version 8.3.1.F.

- Claims

Version 8.3.1.F was delivered last week, along with 2 patches that effectively fixed the deficiencies in the critical error report, removed some non-critical errors, and now validate other carrier reason codes. The critical error report has been restored to the format currently used in mhprod. Sample reports will be placed on mhub in the /county/common/ subdirectory for boards to review so that software changes can be made to read the new reports. Remaining bugs to be fixed in future version include the misleading message in the post report about possible duplicates and the “old” claim detail screen that appears when using PSDSP and viewing the detail record.

All claims related processes, including APUPD, double loop, extracts and ERA generation will be rigorously tested over the next several weeks before the final decision is made to install the new version in the mhipaa production environment.

- BH Module

BH data for AoD providers is 48%, dually funded providers is 37%, and the state total is 44%.

- MIS

The Nexus project is ongoing, and a progress report will be distributed soon.

There are no server issues.

The projected down time for the upgrade to 8.3.1.F is one day, so there will not be a significant outage since this should be able to be done on a weekend.

Boards need to pay special attention to security and accounts. All boards have returned their list with the exception of PPS who is almost done. It was pointed out that system access will be terminated for any account not verified as open.

- Finance

No report.

Board Global Issues

1. Question: If a board wants to submit a request to change an extract, to whom should it be sent? Answer: Send to Jp if it is for weekly claims/member extracts, and Evan Hood for BH changes.
2. ODMH is preparing programs to create monthly extracts of PCS data that will be distributed via the Unix server. Testing is almost complete and boards will be notified when available. Boards will need to sign an agreement with ODMH in order to receive the files.
3. Question: Do either of the Departments have HIPAA security policies and procedures in a format that can be shared with boards? Answer: Yes, there are some but they are still in the draft stage. DAS has a set on their web site which were used by ODMH in developing the HIPAA policies. Boards need to evaluate their environment to determine the specific needs for their system since relying on “boilerplate” language from State Departments might not cover all aspects of the local system. Boards need to start with an administrative review of PHI and conduct a risk assessment of local security costs and needs. In the near future, a joint MIS-State meeting could occur to discuss board responsibilities in the security area for HIPAA.

Next Meeting will be April 1st from 9-11am in Room 806A in the Rhodes State Office Tower.
The call-in number is (614) 644-1098.